

Supervisor _____ Location _____ Date: _____
Project _____ Project No. _____ Safety Contact _____
Scope and Description of Work: _____

Name of City of Austin "Authorizing Agent" who has knowledge of contents and hazards and will declare space safe for entry:

Confined Space Classification (circle): Non-hazardous / Hazardous Due to Work Task / Hazardous Due To Internal Condition